

CHANGE OF INFORMATION

OSS 30A (2/04)

If you have a change of address, phone number, or name, at any time during the selection process, please complete this Change of Information (COI) Form (OSS 30A). Be sure to indicate the examination in which you are currently participating. Take the completed form to your assigned Selection Center or mail to the address on the reverse.

It is to your advantage that you keep us informed of any change of information immediately. If we are unable to contact you as the result of an address or telephone change, your progress could be delayed or you could be removed from the selection process. You may obtain additional copies of this form at any of the Selection Centers.

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SOCIAL SECURITY NUMBER	IDENTIFICATION NUMBER	DATE OF CHANGE
LAST NAME (Used in this Examination)	FIRST NAME	INITIAL
<input type="checkbox"/> CORRECTIONAL OFFICER	<input type="checkbox"/> CORRECTIONAL COUNSELOR I	<input type="checkbox"/> MEDICAL TECHNICAL ASSISTANT
<input type="checkbox"/> PAROLE AGENT I		

ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED IN ORDER TO PROCESS YOUR CHANGE(S).

NEW MAILING ADDRESS

MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP CODE

NEW TELEPHONE NUMBER(S)

WORK
() - EXT.

HOME
() - EXT.

MOST CURRENT NAME CHANGE

(If different from name used to apply for this examination)

FULL NAME

NEW DRIVER'S LICENSE/SOCIAL SECURITY NUMBER

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X_____
SIGNATURE (required)**FOR OFFICE USE ONLY**

<input type="checkbox"/>	NTC	Written	
<input type="checkbox"/>	CTC	Vision/PAT	
<input type="checkbox"/>	STC	POPE	
		Prescreen	
		Background	
		PEM	

DATE RECEIVED

<input type="checkbox"/>	COMPLETED	INITIALS _____
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POSTAGE
NECESSARY
IF MAILED

CALIFORNIA DEPARTMENT OF CORRECTIONS
ATTN: SELECTION SUPPORT SECTION
2201 BROADWAY
SACRAMENTO, CA 95818-2572

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